

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 109018636

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.	/	↓	/	↓	/	↓
TOTAL DEP.	8	↓	21	↓	17	↓
TOTAL CLAIMS	9	↓	22	↓	18	↓

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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY